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\*\* CONTINUING DATA \*\*\*\*\*

*no*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*no*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY GA	SHEETS DRAWING 4	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
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TITLE

Cold box lid

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